**Application or Docket Number**

09/286822

## CLAIMS AS FILED - PART I

|  | (Column 1) | (Column 2) | SMALL ENTITY TYPE ☐ | | OR OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|
| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE | RATE | FEE |
| BASIC FEE | | | | $385 | OR | 770 |
| TOTAL CLAIMS | 39 minus 20= | • | X$ 9= | | OR X$18= | |
| INDEPENDENT CLAIMS | 12 minus 3 = | • | X43 | | OR X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +145 | | OR 290= | |
| | | | TOTAL | | OR TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY | | OR OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|---|---|
| | | | | | RATE | ADDI-TIONAL FEE | RATE | ADDI-TIONAL FEE |
| **AMENDMENT A** Total | * 39 | Minus | ** 39 | = | X$ 9= | | OR X$18= | |
| Independent | * 12 | Minus | *** 12 | = | X43= | | OR X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +145= | | OR 290 | |
| | | | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

10-25-05

|  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDI-TIONAL FEE | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|
| **AMENDMENT B** Total | * 39 | Minus | ** 39 | = | X$ 9= | | OR X$18= | |
| Independent | * 12 | Minus | *** 12 | = | X43 | | OR X86 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +45 | | OR 290= | |
| | | | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

|  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDI-TIONAL FEE | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|
| **AMENDMENT C** Total | * | Minus | ** | = | X$ 9= | | OR X$18= | |
| Independent | * | Minus | *** | = | X43 | | OR 86 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +145 | | OR +290 | |
| | | | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.